DEPARTMENT OF THE NAVY
NAVAL MEDICAL CENTER
620 JOHN PAUL JONES CIRCLE
PORTSMOUTH, VIRGINIA 23708-2197

IN REPLY REFER TO:

NAVMEDCENPTSVAINST 6320.62C
0871
14 MAY 2003

NAVMEDCENPTSVA INSTRUCTION 6320.62C

Subj: RISK MANAGEMENT PROGRAM

Ref: (a) 10 U.S.C. 1102
(b) NAVMEDCENPTSVAINST 6000.2B
(c) Manual of the Judge Advocate General (JAGMAN)
(d) BUMEDINST 6010.21
(e) 5 U.S.C. 552

Encl: (1) Quality of Care Review Guidelines
(2) NAVMEDCEN PTSVA 6320/12 (Rev 11/01), Quality of Care Review Form
(3) Quality of Care Routing Form
(4) Routing and Categorization of Quality of Care Reviews (Non-Medication Error)
(5) Routing and Categorization of Quality of Care Reviews (Medication Error)
(6) Case Abstract for Malpractice Claims, DD Form 2526

1. Purpose. To establish guidelines, propose minimal requirements, and define requirements for both proactive and reactive responses for the Command Risk Management Program. Specific objectives of risk management programs are:

a. Prioritized concern for potential loss factors.

b. Minimize potential losses through education, identification, analysis, control, and prevention.

c. Identify potential systems, persons, or elements with potential loss indicators.

2. Cancellation. NAVMEDCENPTSVAINST 6320.62B

3. Scope. This instruction applies to the core medical center and all outlying clinics which comprise the Naval Medical Center (NAVMEDCEN), Portsmouth command.

4. Background. Risk management is the discipline of identifying, evaluating, and managing potential liability situations in the care and treatment of patients. Effective risk management prevents injury or loss, provides for a safe medical center environment, and contributes to improving the quality of patient care. Risk management means practicing good medicine, maintaining good rapport and communication with patients, colleagues, and other healthcare providers, and maintaining complete and accurate documentation of care rendered, whether in an inpatient or outpatient setting.

5. Risk Management Activities. The goal of risk management is to be proactive: identify, analyze, control, and prevent potential or actual loss of intangible or tangible assets of the command. All staff must be involved in the process of liability control, reducing the incidence of patient injury, staff injury, and visitor injury, and in identifying potentially injurious events and correcting them. Prompt reporting and investigation of adverse events is important in achieving this goal. The advantage of early warning enables possible intervention to prevent litigation, to mitigate potential damages, and to discuss necessary medical record documentation. Risk management activities in support of the command Healthcare Excellence activities are described as follows:

a. Quality of Care Reviews

(1) Purpose. Risk management is an information-based system. It depends on various early warning systems to provide notification that an event has occurred. Early notification allows for immediate investigation of the incident or event and immediate corrective action so that further incidents and injuries can be avoided. Many times an immediate and appropriate response to an incident or event will prevent litigation.

(2) Guidelines. Per enclosure (1), when completing a Quality of Care Review (QCR) form (enclosure (2)), it is important to follow certain guidelines:

(a) Provide all information requested on the form.

(b) Document completely and objectively. Give only "known facts".

(c) Do not speculate or assign blame.

(d) Do not make or keep copies of the report.

(e) Do not document in the medical record that a QCR was ordered or initiated. The QCR is a quality assurance document and is protected within statute 10 U.S.C. 1102 (reference (a)) and is therefore exempt from disclosure except as permitted by the statute.

(f) Do not place the report in the medical record.

(g) Forward the report to the Risk Management Team Leader within 24 hours of the event or discovery.

(3) General Categories of Events to be Reported

(a) Complications of a procedure.

(b) Medication errors.

(c) Slips, falls, or any other injury.

(d) Blood and body fluid exposure.

(e) Unexpected returns to the operating room.

(4) Procedures. Whenever an incident or serious event occurs, the following actions will be taken:

(a) Manage the immediate clinical situation and provide whatever care is needed.

(b) Save any "evidence" (equipment, supplies, packaging, etc.).

(c) Notify the attending physician.

(d) Document the event clearly and objectively in the medical record, including discussions with the patient and family, and notification of the attending physician.

(e) Complete a QCR form, and other forms, if indicated (e.g., SF 380 for Safe Medical Devices Act) per reference (b).

(f) Do not change or alter any settings on a piece of equipment, attempt to repair it, return it, or notify the manufacturer or sales representative. Notify the Biomedical Engineering Team Repair Technician by telephone during normal working hours or by pager after hours.

(g) Do not discuss the incident with anyone unless authorized to do so by one of the staff attorneys.

(5) QCRs will be reviewed, routed, and categorized, per enclosures (3) through (6).

b. Special Investigations. Investigations serve many purposes, but when an incident or event is likely to result in claims or civil litigation against or for the Department of the Navy (DON) or the United States, the primary purpose of the resulting investigation is often to prepare to defend the legal interests of the DON and the United States. A litigation-report investigation functions to gather, analyze, and record relevant information about an incident or event of primary interest to command authorities. Investigations into such incidents must be conducted under the direction and supervision of a judge advocate, and protected from disclosure to anyone who does not have an official need to know (reference (c)).

(1) The Risk Management Team Leader will complete the Case Abstract for Malpractice Claims, DD Form 2526 (enclosure (6)) and forward to the Bureau of Medicine and Surgery (BUMED), per reference (d).

(2) Investigations are presented to the Executive Committee of the Medical Staff (ECOMS) by the Physician Advisor for Healthcare Excellence.

(3) The Physician Advisor for Healthcare Excellence will review all investigations involving the provisions of healthcare for both clinical completeness and relevant performance improvement issues.

c. In an effort to establish standardization within risk management, the following are additional recommendations for alerts or areas of potential risks:

(1) Patient complaints

(2) Record requests

(3) Inspector General (IG)/other inspections

(4) External agencies

(5) Peer review

(6) Infection control

(7) Safety

6. Analysis

a. The purpose of analysis is to utilize standardized tools, assist with identification and prioritization factors (who, what, when, where, why), and minimize potential losses through education, control, and prevention.

b. Components to Consider

(1) Magnitude of loss

(2) Loss frequency

(3) Location and personnel

(4) Subject

(5) Contributing factors

(6) Time of events

(7) Diagnosis

(8) Specialty

(9) Source of data

c. The priority will address potential for loss, potential for recurrence/frequency, and visibility.

d. Incorporated into this analysis are policy, decision, and processes.

7. Risk Management Responsibilities

a. Risk Management Team Leader

(1) Education and Training

(a) Conduct and/or plan risk management in-services for staff as risk areas are identified.

(b) Maintain education in risk management through journal articles and by attending seminars and conferences when available (12 classroom hours annually at a minimum).

(c) Route risk management articles and materials to specialty areas.

(d) Promote and disseminate announcements of risk management conferences and seminars to providers and staff.

(2) Risk Identification and Management

(a) Refer patient and physician concerns regarding quality of care (unexpected adverse outcomes, perceived delay in diagnosis) to the Healthcare Excellence Physician Advisor.

(b) Review QCRs, requesting additional documentation when appropriate. Refer problem areas identified through trend analysis to the appropriate committees/medical staff personnel for study and action.

(c) Work closely with the service/product line representative in the review and provide early identification of patient concerns involving issues on standard of care, patient rights, and potential compensable events.

(d) Legal concerns referred by physicians and staff should be referred to the Staff Judge Advocate's Office, and the legal opinions and advice from the Staff Judge Advocate's Office should be communicated back to the physicians and staff.

(e) Review death reports.

(f) Follow up and ensure completion of any recommendations from Litigation-Report Investigations.

(g) Complete the Case Abstract for Malpractice Claims (DD Form 2526) and forward a copy to BUMED Risk Management along with one complete copy of the Litigation-Report.

Note: The original DD Form 2526, a copy of the Litigation-Report Investigation and the First Endorsement by the Commander, will be maintained in the Risk Management Office. A complete copy of the Litigation-Report is maintained in the Staff Judge Advocate's Office.

(h) Ensure information on product and equipment alerts and recalls is distributed to all appropriate areas. Maintain documentation of notification of alerts and actions taken on recalls.

(i) Forward product and equipment complaints to the Central Supply Distribution Branch (CSDB) and Biomedical Engineering Team. Provide feedback of the findings from the Biomedical Engineering Team and/or Defense Supply Center to the originator of complaint.

(j) Participate in the Safe Medical Device Act as outlined in NAVMEDCENPTSVAINST 6000.2B.

b. Outlying Clinics Performance Improvement Coordinators. Perform functions as noted in paragraph 7a, Risk Management Team Leader, with the exception of 7a(2)(e), (f), (g), and (i).

c. Healthcare Excellence Physician Advisor

(1) Review all clinical area and medical staff committee reports/minutes.

(2) Evaluate and communicate information from risk management data sources to medical staff committees, clinical areas, and individuals affected by findings.

(3) Review all medical performance improvement and litigation-report investigations for command-wide issues.

8. Confidentiality. Quality assurance documents and records created per this instruction are medical quality assurance materials within the meaning of references (a) and (b) and are, therefore, exempt from the requirements of the Freedom of

Information Act, reference (e). They are considered confidential and privileged, and the release of performance improvement medical documents is prohibited.

9. Action. Risk management is an "all hands" evolution. All NAVMEDCEN personnel are required to participate in and understand the objectives and implementation procedures of the Risk Management Program. Addressees will comply with the requirements set forth in this instruction.

J. F. LYNCH
Deputy
Acting

Distribution:
NAVMEDCENPTSVAINST 5215.1D (List B)

QUALITY OF CARE REVIEW GUIDELINES

1. All Naval Medical Center (NAVMEDCEN) staff have the responsibility to report unusual events or circumstances not consistent with the normal routine operations of the core facility or the outlying clinics, the activities of its staff, or events which may not be a natural consequence of the patient's diseases or treatments. Such could be an error, a poor outcome, or an accident, which could have or has resulted in a patient or staff injury. All "near misses" are to be reported. A "near miss" is defined as an event or situation that could have resulted in harm to a patient but did not, either by chance or intervention. The event was identified and resolved before reaching the patient. Such events have also been referred to as "close call" incidents. Quality of Care Reviews (QCRs) are used to develop appropriate measures to minimize further risk, prevent recurrence, and reduce exposure to liability. Incidents cited on QCR forms will be corrected or resolved at the lowest level.

2. There are 22 areas of liability that can be used as a guide for identifying potential risks. These are the 21 areas that are most often identified as problematic.

a. Errors in administration of treatment and medication; medical errors (wrong dose, wrong route, wrong technique, wrong patient, wrong time, etc.).

b. Failure to supervise the patient resulting in patient falls or injuries.

c. Failure to remove foreign objects (e. g., leaving scissors in a patient or failing to remove an appendix).

d. Burns to the patient.

e. Failure to monitor, observe, or report changes in the patient's condition.

f. Drug distribution errors; wrong prescription for the wrong patient.

g. Mistaken identity; misarmbanding a baby.

h. Use of defective equipment.

i. Abandonment of a patient.

j. Loss or damage to patient's property (e.g., false teeth).

k. Failure to function within the scope of practice; allowing someone who's not qualified to IV push medication.

l. Failure to report suspected incompetent care.

m. Failure to use aseptic techniques.

n. Failure to monitor in the use of restraints.

o. Failure to keep abreast of nursing or medical knowledge.

p. Failure to recognize or defer execution of improper orders.

q. Failure to take adequate patient history; not noting patients' allergies.

r. Failure to follow policies and procedures.

s. Failure to chart and document.

t. Failure to resuscitate promptly and properly, and have documented training.

u. Failure to communicate concerns to physicians or chain of command.

3. NAVMEDCENPTSVA 6320/12 (Rev 11/01) is the correct reporting form for QCRs. This form is used to document all incidents.

4. QCRs are confidential. **NO COPIES OR DUPLICATES OF THE QUALITY OF CARE REVIEW FORM WILL BE MADE EXCEPT BY THE RISK MANAGEMENT OFFICE**. It is protected by statute 10 U.S.C. 1102.

5. Documentation of an event will be the responsibility of the staff member most closely involved in the incident, or having special information of it. The form will be completed within the same shift or duty that an event occurs. Time lapses also mean memory lapses.

a. State only the facts, fully and concisely in Section 1. Nothing is too insignificant to report and complete descriptions are very helpful. Attach supporting documentation (e.g., Emergency Treatment Record (ETR), SF 600, etc.). Status

of the staff in completing the Hepta Vac series is helpful in the case of blood, body fluid exposure. Staff injuries must also be reported to the Safety Office **within 48 hours** to allow a timely investigation and response to the Navy Safety Center. Document any lost work time.

b. Document within quotation marks any statements made by the patient/visitor or family members regarding the event.

c. Notify the patient's physician of an incident (e.g., falls, medication errors, etc.) and document if any harm came to the patient as a result of the event.

d. Do not document personal conclusions or editorialize opinions as to the cause of the incident unless there are facts personally known to the reporter.

e. The report is to be completed and routed to the Risk Management Team Leader **within 24 hours** of the event. Reporting staff members must verbally notify their team leader/product line leader/service line leader of the event and that a QCR form has been forwarded to Risk Management.

f. Documentation will not be made in the patient's record that a QCR was filed, nor will it be left in open areas where other personnel or visitors may have the opportunity to read it.

g. All events will be reviewed by the Risk Management Team Leader and/or the Healthcare Excellence Physician Advisor. Routing sheets, enclosures (3) and (4), are attached to events which are deemed to require additional review by the Healthcare Excellence Advisor. All events involving falls, medication errors, blood/body fluid exposures, injury to patient, policy/ procedure not followed, staff injury, and equipment failure will be routed. The Risk Management Team Leader indicates the appropriate routing. Staff members cited on the routing slip will be given the opportunity to review the report and make additional comments. Each individual must complete the form within 24 to 48 hours and route to the next person. Return the completed form to the Risk Manager, who will review the responses for course of action.

DO NOT PHOTOCOPY FOR OFFICIAL USE ONLY
NAVMEDCEN PTSVA 6320/12 (REV 11/01)

ADDRESSOGRAPH

If no addressograph, fill in information:

Register No. _____ Unit _____ Admission Date _____
Patient/Staff Name _____
SSN _____ DOB _____
Status _____

QUALITY OF CARE REVIEW

INPATIENT _____ OUTPATIENT _____ VISITOR _____ STAFF _____ CONTRACTOR _____

EVENT(S):

___ 1. Admission following recent hospital, EMD/Outpatient Clinic discharge.
___ 2. Readmission within 30 days for complications or incomplete management of problems on previous hospitalization.
___ 3. Unscheduled return to clinic less than 72 hrs. with same or related complaint(s).
___ 4. Unexpected transfer from general care bed to special care unit.
___ 5. Unexpected return to the Operating Room.
___ 6. Injury to patient (organ or body part) during procedure(s)/treatment.
___ 7. Patient with allergic/drug related/immunization reactions.
___ 8. Postoperative complication(s).
___ 9. Fall.
___ 10. Blood, Body Fluid Exp.
___ 11. Medication error.
___ 12. Policy/Procedure not followed.
___ 13. Unable to complete treatment(s) due to equipment failure/nonavailability.
___ 14. Staff injury.
___ 15. Other (near miss, etc.).

Section 1. QUALITY OF CARE FACTS. (Personnel noting event is to complete this section. **Anonymous reporting is authorized**)

Date _____ Time _____ Exact Location of Event _____ Diagnosis _____
PROVIDER: Attending _____ Resident _____
Describe Event: _____

Person Preparing Report **(Optional)** Printed Name/Stamp: _____
Signature _____ Rank/Rate _____ Title _____ Date _____ Phone _____

Section 2. Statement of individual(s) involved. (Additional supporting documents or statements shall be attached).

Signature _____ Rank/Rate _____ Date _____ Phone _____
Printed/Stamp Name _____

Section 3. Statement of staff attending (if appropriate).

Signature _____ Rank/Rate _____ Date _____ Phone _____
Printed/Stamp Name _____

TO BE COMPLETED AND ROUTED TO RISK MANAGEMENT WITHIN 24 HOURS OF EVENT DO NOT PHOTOCOPY

Section 4. Initial Review of Event. (Completed by Risk Management Team Leader and Physician Advisor, Healthcare Excellence).

Review Required: Yes ___ To be reviewed by: DR NSG PHARM LAB X-RAY ADMIN
No ___

Physician Advisor, Healthcare Excellence _____ (Signature and Stamp Required)

Risk Management Team Leader _____ (Signature and Stamp Required)

Section 5. Team Leader (Division Head)

Category of Event: ____ SOC ____ NOT ____ PRE ____ ADM (please identify_____)
____ OTH (please identify: _____) Medication Error _____
The accountable health care provider(s)/staff is/are_____
Action(s) to be taken:

1. Monitor for Trends
2. Counsel Provider/Responsible Personnel
3. Trend noted
4. Will discuss in Minutes or Morbidity and Morbidity for Lessons Learned
5. Review policy/procedures
6. Other _____

Signature _____ Rank/Rate _____ Date _____ Phone _____
Printed/Stamp Name_____

Section 6. Product Line Leader

Signature _____ Rank/Rate _____ Date _____ Phone _____
Printed/Stamp Name_____
Agree with above category ____ Yes ____ No If no, category _____
Agree with the action(s) as annotated in Section 5 ____ Yes ____ No
Agree with identification of health care provide(s)/staff ____ Yes ____ No(If no, return to Team Leader.

Section 7 Service Line Leader

Agree with categorization/actions) ____ Yes ____ No(If no, return to Product Line Leader)
Service Line Leader:_____(Signature and Stamp Required) Date_____

Section 8. Director/Designee

Agree with categorization/actions) ____ Yes ____ No(If no, return to Service Line Leader)
Director/Designee:_____(Signature and Stamp Required) Date_____

*THIS DOCUMENT IS CREATED AS AN INTEGRAL PART OF THE QA PROGRAM OF THIS COMMAND, AND AS SUCH IS A PRIVILEGED DOCUMENT WHICH IS PROTECTED FROM UNAUTHORIZED DISCLOSURE, DISCUSSION OR REPORDUCTION BY TITLE 10, U.S. CODE SECTION 1102 (1968).

DO NOT PHOTOCOPY

FOR OFFICIAL USE ONLY

6320
Ser 0871/

MEMORANDUM

From: Physician Advisor, Healthcare Excellence
To:

Subj: QUALITY OF CARE REVIEW (QCR)

Ref: (a) NAVMEDCENPTSVAINST 6320.62C
(b) Comprehensive Accreditation Manual for Hospitals

Encl: (1) Quality of Care Review Form #_____

1. Enclosure (1) was reviewed and selected for further review in order to:

a. Provide evidence of quality of care and support of adherence to standard of care.

b. Use for lessons learned.

c. Identify a system(s) problem.

2. Per references (a) and (b), your review of surrounding circumstances and factual information is required for completion of enclosure (1). Please respond in the designated section, categorize (see back of memo for categories) and indicate actions to be taken. This form should be routed to the next individual as indicated within 24 to 48 hours of receipt.

Section 2 _____
Section 3 _____
Section 5 _____
Section 6 _____
Section 7 _____
Section 8 _____

3. The completed QCR form should be returned to the Risk Management Team Leader, UM/RM Product Line, **within 14 working days of receipt by initial reviewer.** If you need additional information, you should contact Mr. Pete Horn at ext 3-5639. **PLEASE RETURN ORGINIAL. PHOTOCOPYING IS NOT AUTHORIZED.**

Signature

Enclosure (3)

Medication errors should be classified using the MedMarRx categories as follows:

Error Category	Result
No Error	
Category A	Circumstances or events that have the capacity to cause error.
Error, No Harm	
Category B	An error occurred but the medication did not reach the patient.
Category C	An error occurred that reached the patient but did not cause the patient harm.
Category D	An error occurred that resulted in the need for increased patient monitoring but no patient harm.
Error, Harm	
Category E	An error occurred that resulted in the need for treatment or intervention and caused temporary patient harm.
Category F	An error occurred that resulted in initial or prolonged hospitalization and caused temporary patient harm.
Category G	An error occurred that resulted in permanent patient harm.
Category H	An error occurred that resulted in a near-death event (e.g., anaphylaxis, cardiac arrest).
Error, Death	
Category I	An error occurred that resulted in patient death.

ROUTING AND CATEGORIZATION OF QUALITY OF CARE REVIEW
(NON-MEDICATION ERROR)

1. All events will be reviewed by the Risk Management Team Leader and/or the Healthcare Excellence Physician Advisor. A routing sheet is attached to events which are deemed to require additional review by the Healthcare Excellence Physician. All events involving falls, blood/body fluid exposures, injury to the patient, policy/procedure not followed, staff injury, and equipment failure will be routed. The Risk Management Team Leader indicates the appropriate routing. Staff members cited on the routing slip will be given the opportunity to review the report and make additional comments. Each individual must complete the form within 24-48 hours and route to the next person. Return the completed form to the Risk Manager, who will review responses for course of action.

Note: Interns, residents, and Fellows, and staff members involved in the event will make a statement in section 2.

2. The staff attending will complete section 3. The QCR is then routed to the team leader who will complete Section 5, categorize the event, and document actions to be taken. The QCR is then routed to the product line leader for review and documentation of either agreement and/or change of the categorization and actions to be taken. If the event is categorized as "Standard of Care (SOC) not met", the QCR is then routed to the cognizant director for review and action, as appropriate. The Healthcare Excellence Physician Advisor will present category "SOC not met" events to the ECOMS for review and final categorization, and for determination of reportable potentially compensable events. Events should be categorized as follows:

a. To categorize a QCR, first identify if the course of event was primarily a patient issue, healthcare provider issue, or systems issue.

b. If the event is primarily a patient-related issue, mark "PRE". "PRE" is defined as an event that is causally related to factors intrinsic to the patient or the underlying disease progress (e.g., against medical advice (AMA), self-injury, new drug allergies).

c. If the event is a healthcare provider issue, determine if the care provided "Meets Standard of Care (SOC)" or "Does Not Meet Standard of Care (NOT)".

d. "SOC" is defined as care provided per contemporary standards of the specialty and/or work area. These events are well known and are widely reported in the literature and frequent in occurrence, or infrequent in occurrence but have been described in the literature to have occurred in cases where the standard of care was met.

e. "NOT" is defined as events that are outside the standard of specialty or expected work area standards.

f. If the event is primarily a systems problem, mark "ADMIN System Problem (ADM)".

g. For all others, mark "Other" and explain.

3. Many times events do not fit neatly or exactly into any single category. Event categorization is the result of peer evaluation. Sorting of events into categories will be the combined results of initial review by a peer and subsequent discussion at work area meetings. Results of such discussions are to be documented in work area morbidity and mortality meetings. An event may be attributed to an accountable individual. A single occurrence may also be attributed to several members of the same work area or different work areas. It is important to stress that a single occurrence does not make a trend. It is also important to remember that the majority of healthcare errors are attributed to systems problems. Corrective actions should be implemented to address these problems.

4. Upon completion, the Quality of Care Review form is returned to the Risk Manager. The Risk Manager and Healthcare Excellence Physician Advisor share the responsibility of reading all responses to ensure that each event or incident is addressed appropriately.

5. A summary of the events and categorizations assigned will be sent to the team leader/product line leader monthly by the Risk Manager. The team leader/product line leader is responsible for tracking and trending of the events, and ensuring the information is documented in appropriate individual's profiles.

6. Quality of Care Review forms will be maintained by Risk Management in a locked file cabinet. They are to be maintained for 3 years unless a Litigation Report Investigation was convened as a result of the incident. If so, it is maintained for 5 years.

ROUTING AND CATEGORIZATION OF QUALITY OF CARE REVIEW
(MEDICATION ERRORS)

1. All events will be reviewed by the Risk Management Team Leader. A routing sheet will be attached and indicate the appropriate routing. Staff members cited on the routing slip will be given the opportunity to review the report and make additional comments. Each individual must complete the form within 24-48 hours and route to the next person. Return the completed form to the Risk Manager who will review responses for course of action.

Note: Interns, residents, and staff members will comment in section (2). Staff attending will comment in section (3).

2. The team leader will complete section 5, categorize the event, and document actions to be taken. The form is then routed to the product line leader for review and documentation of either agreement and/or change of the categorization and actions to be taken. All medication errors categorized as "D" or higher will be routed to the cognizant director.

3. Events should be categorized using the MEDMARX system.

a. Category "A". Circumstances or events that have the capacity to cause harm.

b. Category "B". An error occurred but the medication did not reach the patient.

c. Category "C". An error occurred that reached the patient but did not cause the patient harm.

d. Category "D". An error occurred that resulted in the need for increased patient monitoring but no patient harm.

e. Category "E". An error occurred that resulted in the need for treatment or intervention and caused patient temporary harm.

f. Category "F". An error occurred that resulted in initial or prolonged hospitalization and caused temporary patient harm.

g. Category "G". An error occurred that resulted in permanent patient harm.

h. Category "H". An error occurred that resulted in a near-death event (e.g., anaphylaxis, cardiac arrest).

i. Category "I". An error occurred that resulted in patient death.

CASE ABSTRACT FOR MALPRACTICE CLAIMS	1. DATE OF REPORT (YYYYMMDD)	2. CLAIMANT LAST NAME	REPORT CONTROL SYMBOL DD-HA(AR)1782

3. TYPE OF REPORT *(X one)*

☐ a. INITIAL ☐ b. CORRECTION OR ADDITION
☐ c. REVISION TO ACTION ☐ d. VOID PREVIOUS REPORT

4. DATES OF ACT(S) OR OMISSION(S) *(YYYYMMDD)*

a. BEGINNING DATE	b. ENDING DATE

5. DATE CLAIM FILED (YYYYMMDD)	6. DATE OF JUDGMENT OR SETTLEMENT (YYYYMMDD)	7. MEDICAL TREATMENT FACILITY a. NAME	b. DMIS CODE

8. PRACTITIONER INFORMATION

a. NAME *(Last, First, Middle Initial)*	b. SSN	c. DATE OF BIRTH (YYYYMMDD)
d. NAME OF PROFESSIONAL SCHOOL ATTENDED	e. DATE GRADUATED (YYYYMMDD)	f. SPECIALTY CODE

g. STATUS *(X one)*

☐ (1) Army ☐ (3) Air Force ☐ (5) Civilian GS ☐ (7) Partnership External ☐ (9) Non-Personal Services Contract
☐ (2) Navy ☐ (4) PHS ☐ (6) Partnership Internal ☐ (8) Personal Services Contract

h. SOURCE OF ACCESSION *(X all that apply)*

(1) Military

☐ (a) Volunteer
☐ (b) Armed Forces Health Professional Scholarship Program
☐ (c) Uniformed Services University of Health Sciences
☐ (d) National Guard
☐ (e) Reserve
☐ (f) Other *(Specify)*

(2) Civilian

☐ (a) Civil Service
☐ (b) Contracted
☐ (c) Consultant
☐ (d) Foreign National (Local Hire)
☐ (e) Other *(Specify)*

i. LICENSING INFORMATION

(1) State of License	(2) License Number	(1) State of License	(2) License Number

9. TYPE OF PRACTITIONER AND SPECIALTY (FIELD OF LICENSURE) *(X all that apply)*

a. PHYSICIAN DEGREE ☐ M.D. (010) ☐ D.O. (020)

(1) Highest Level of Specialization

☐ (a) Board Certified ☐ (b) Residency Completed ☐ (c) In Residency (015/025) ☐ (d) No Residency

(2) Primary Specialty

☐ (a) In Training
☐ (b) General Practice (GMO)
☐ (c) Anesthesiology
☐ (d) Aviation Medicine
☐ (e) Dermatology
☐ (f) Emergency Medicine
☐ (g) Family Practice
☐ (h) Internal Medicine
☐ (h.a) Gastroenterology
☐ (h.b) Hematology - Oncology
☐ (h) Internal Medicine (Cont.)
☐ (h.c) Infectious Disease
☐ (h.d) Nephrology
☐ (h.e) Pulmonary
☐ (h.f) Rheumatology
☐ (h.g) Tropical Medicine
☐ (h.h) Allergy/Immunology
☐ (h.i) Cardiology
☐ (h.j) Endocrinology
☐ (i) Neurology
☐ (j) Obstetrics/Gynecology
☐ (k) Ophthalmology
☐ (l) Otorhinolaryngology
☐ (m) Orthopedics
☐ (n) Pathology
☐ (o) Pediatrics
☐ (p) Physical Medicine
☐ (q) Preventive Medicine
☐ (r) Psychiatry
☐ (s) Radiology
☐ (t) Surgery, General
☐ (t.a) Cardio-Thoracic
☐ (t.b) Colon-Rectal
☐ (t.c) Neurosurgery
☐ (t) Surgery, General (Cont.)
☐ (t.d) Oncology
☐ (t.e) Pediatric
☐ (t.f) Peripheral Vascular
☐ (t.g) Plastic
☐ (u) Underseas Medicine
☐ (v) Urology
☐ (w) Intensivist
☐ (x) Neonatologist
☐ (y) Other *(Specify)*

(3) Board Certification(s)

b. DENTIST ☐ DENTIST (030)

(1) Highest Level of Specialization

☐ (a) Board Certified ☐ (b) Residency Completed ☐ (c) In Residency (035) ☐ (d) No Residency

(2) Primary Specialty

☐ (a) General Dental Officer ☐ (b) Oral Surgeon ☐ (c) Other *(Specify)*

(3) Board Certification(s)

c. OTHER PRACTITIONERS ☐ OTHER PRACTITIONERS

☐ Audiologist (400)
☐ Clinical Dietician (200)
☐ Clinical Pharmacist (050)
☐ Clinical Psychologist (370)
☐ Clinical Social Worker (300)
☐ Nurse Anesthetist (110)
☐ Nurse Midwife (120)
☐ Nurse Practitioner (130)
☐ Occupational Therapist (410)
☐ Optometrist (636)
☐ Physical Therapist (430)
☐ Physician Assistant (642)
☐ Podiatrist (350)
☐ Speech Pathologist (450)
☐ Registered Nurse (100)
☐ Emergency Medical Technician
☐ Other *(Specify)*

10. PATIENT DEMOGRAPHICS

a. NAME *(Last, First, Middle Initial)*	b. SEX *(X one)*	c. AGE
	☐ (1) Male ☐ (2) Female ☐ (3) Unknown	

d. STATUS *(X and complete as applicable)*			e. SSN OF SPONSOR
☐ (1) Dependent of Active Duty	☐ (3) Retired Member	☐ (5) Active Duty	
☐ (2) Dependent of Retired Member	☐ (4) Civilian Emergency	☐ (6) Other *(Specify)*	

11. DIAGNOSES	ICD9-CM CODE	12. PROCEDURES	ICD9-CM CODE
a. *(Primary)*		a. *(Principal)*	
b.		b.	
c.		c.	

13. PATIENT ALLEGATION(S) OF NEGLIGENT CARE

a. DESCRIPTION OF THE ACTS OR OMISSIONS AND INJURIES UPON WHICH THE ACTION OR CLAIM WAS BASED *(Limit to 300 characters.)*

b. ACT OR OMISSION CODE(S) *(Refer to table on Page 4)*				c. CLINICAL SERVICE CODE	
	(1) Primary Act or Omission Code		(2) Additional Act or Omission Code		(1) Primary
	(3) Additional Act or Omission Code		(4) Additional Act or Omission Code		(2) Secondary
	(5) Additional Act or Omission Code		(6) Additional Act or Omission Code		(3) Tertiary

d. DESCRIPTION OF FINDINGS ON WHICH THE ACTION OR CLAIM WAS PAID

14. MALPRACTICE CLAIM MANAGEMENT

a. AMOUNT CLAIMED	b. ADJUDICATIVE BODY CASE NUMBER	c. ADJUDICATIVE BODY NAME	d. DATE OF PAYMENT *(YYYYMMDD)*

e. OUTCOME *(X one)*		
☐ (1) Administratively Settled (Service)	☐ (3) Denied: Statute of Limitations	☐ (6) Litigated: Decision for Plaintiff
☐ (2) Denied: Dismissed by Plaintiff or by Agreement	☐ (4) Denied: FERES	☐ (7) Litigated: Decision for U.S.
	☐ (5) Denied: Not a Legitimate Claim, Non-Meritorious	☐ (8) Litigated: Out or Court Settlement (DOJ)
		☐ (9) Other *(Specify)*

f. AMOUNT PAID	g. NUMBER OF CLAIMS FOR THIS INCIDENT	h. NUMBER OF PRACTITIONERS ON WHOSE BEHALF PAYMENT WAS MADE

15. PROFESSIONAL REVIEW ASSESSMENT BY MEDICAL TREATMENT FACILITY

a. ATTRIBUTION OF CAUSE *(X all that apply)*
( ) (1) Facility or Equipment ( ) (2) Physician ( ) (3) Personnel other than Physician
( ) (4) Management ( ) (5) System

b. EVALUATION OF CARE *(X one)*
( ) (1) Met ( ) (2) Not Met ( ) (3) Indeterminate

c. IDENTIFY LOCATION OF CARE *(X one)*
( ) (1) Ambulatory Clinic ( ) (2) Inpatient Clinic ( ) (3) Dental Service ( ) (4) Emergency ( ) (5) Other *(Specify)*

d. INJURY SEVERITY *(X one)*
( ) (1) None ( ) (2) Some ( ) (3) Death

e. INJURY DURATION *(X one)*
( ) (1) Temporary ( ) (2) Permanent ( ) (3) Cannot Predict/Undetermined

16. ASSESSMENT

a. AFIP REQUIRED? ( ) YES ( ) NO *(Evaluation of Care. X one)* ( ) (1) Met ( ) (2) Not Met ( ) (3) Indeterminate

b. OTHER ASSESSMENTS

(1) UCA or Name ( ) (1) Met ( ) (2) Not Met ( ) (3) Indeterminate

(1) UCA or Name ( ) (1) Met ( ) (2) Not Met ( ) (3) Indeterminate

(1) UCA or Name ( ) (1) Met ( ) (2) Not Met ( ) (3) Indeterminate

(1) UCA or Name ( ) (1) Met ( ) (2) Not Met ( ) (3) Indeterminate

c. FINAL OTSG DETERMINATION ACT OR OMISSION CODE(S) *(Refer to table on Page 4)*

(1) Primary Act or Omission Code		(2) Additional Act or Omission Code	
(3) Additional Act or Omission Code		(4) Additional Act or Omission Code	
(5) Additional Act or Omission Code		(6) Additional Act or Omission Code	

d. CLINICAL SERVICE CODE

	(1) Primary
	(2) Secondary
	(3) Tertiary

17. STANDARD OF CARE (OTSG DETERMINATION) *(X one)*
( ) MET ( ) NOT MET

18. NPDB REPORTED
( ) YES ( ) NO

19. REMARKS

20. ACT OR OMISSION CODES *NOC = Not Otherwise Classified

DIAGNOSIS RELATED

010 Failure to diagnose (i.e., concluding that patient has no disease or condition)
020 Wrong diagnosis (misdiagnosis, i.e., original diagnosis is incorrect)
030 Improper performance of test
040 Unnecessary diagnostic test
050 Delay in diagnosis
060 Failure to obtain consent/lack of informed consent
090 Diagnosis related (NOC)*

ANESTHESIA RELATED

110 Failure to complete patient assessment
120 Failure to monitor
130 Failure to test equipment
140 Improper choice of anesthesia agent or equipment
150 Improper technique/induction
160 Improper equipment use
170 Improper intubation
180 Improper positioning
185 Failure to obtain consent/lack of informed consent
190 Anesthesia related (NOC)*

SURGERY RELATED

210 Failure to perform surgery
220 Improper positioning
230 Retained foreign body
240 Wrong body part
250 Improper performance of surgery
260 Unnecessary surgery
270 Delay in surgery
280 Improper management of surgical patient
285 Failure to obtain consent for surgery/lack of informed consent
290 Surgery related (NOC)*

MEDICATION RELATED

305 Failure to order appropriate medication
310 Wrong medication ordered
315 Wrong dosage ordered of correct medication
320 Failure to instruct on medication
325 Improper management of medication program
330 Failure to obtain consent for medication/lack of informed consent
340 Medication error (NOC)*
350 Failure to medicate
355 Wrong medication administered
360 Wrong dosage administered
365 Wrong patient
370 Wrong route
380 Improper technique
390 Medication administration related (NOC)*

INTRAVENOUS AND BLOOD PRODUCTS RELATED

410 Failure to monitor
420 Wrong solution
430 Improper performance
440 IV related (NOC)*
450 Failure to insure contamination free
460 Wrong type
470 Improper administration
480 Failure to obtain consent/lack of informed consent
490 Blood product related (NOC)*

OBSTETRICS RELATED

505 Failure to manage pregnancy
510 Improper choice of delivery method
520 Improperly performed vaginal delivery
525 Improperly performed C-section
530 Delay in delivery (induction or surgery)
540 Failure to obtain consent/lack of informed consent
550 Improperly managed labor (NOC)*
555 Failure to identify/treat fetal distress
560 Delay in treatment of fetal distress (i.e., identified but treated in untimely manner)
570 Retained foreign body/vaginal/uterine
580 Abandonment
590 Wrongful life/birth
590 Obstetrics related (NOC)*

TREATMENT RELATED

610 Failure to treat
620 Wrong treatment/procedure performed (also improper choice)
630 Failure to instruct patient on self care
640 Improper performance of a treatment/procedure
650 Improper management of course of treatment
660 Unnecessary treatment
665 Delay in treatment
670 Premature end of treatment (also abandonment)
675 Failure to supervise treatment/procedure
680 Failure to obtain consent for treatment/lack of informed consent
685 Failure to refer/seek consultation
690 Treatment related (NOC)*

MONITORING

710 Failure to monitor
720 Failure to respond to patient
730 Failure to report on patient condition
790 Monitoring related (NOC)*

BIOMEDICAL EQUIPMENT/PRODUCT RELATED

810 Failure to inspect/monitor
820 Improper maintenance
830 Improper use
840 Failure to respond to warning
850 Failure to instruct patient on use of equipment/product
860 Malfunction/failure
890 Biomedical equipment/product related (NOC)*

MISCELLANEOUS

910 Inappropriate behavior of clinician (i.e., sexual misconduct allegation, assault)
920 Failure to protect third parties (i.e., failure to warn/protect from violent patient behavior)
930 Breach of confidentiality/privacy
940 Failure to maintain appropriate infection control
950 Failure to follow institutional policy or procedure
960 Other (Provide detailed written description)
990 Failure to review provider performance